Developmental Disabilities Division

Wyoming Department of Health

Commit to your health.

Medication Assistance for Unlicensed Personnel

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DDD – Sept 2009

A Student Training Guide

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Purpose

The purpose of the medication assistant curriculum is to help provide you with the basic information you will need to safely assist participants with taking their medications. This curriculum is intended to provide you with a foundation of knowledge regarding medication assistance and to help raise your awareness of the potential health concerns and responsibilities related to this assistance. The course is also intended to provide an understanding of the responsibilities of DD waiver and ABI participants in taking medications and to help you teach such responsibilities to these persons.

Objectives

After taking this course, you will be able to:

- ✓ Demonstrate understanding of "The Five Rights" of medication assistance
- ✓ Demonstrate how to correctly fill in a Medication Assistance Record after assisting with medications
- ✓ Demonstrate correctly how to interpret medication labels
- ✓ Demonstrate understanding of when to activate the Emergency Medical System (EMS/911) related to medication side effects.
- ✓ Demonstrate how and when to fill out a medication error report

HOW TO USE THIS CURRICULUM GUIDE

This guide is designed to help you follow the instructor's information lectures, to prepare you for the competency based test and the demonstration skills that you will be required to pass with 80% accuracy. Each of the sections contains specific information followed by a quiz to check what you have learned. The quiz questions are true/false, matching, and fill-in-the-blank. Carefully read the information in each section.

This guide cannot possibly provide all of the information about medications you will need to know. It is not intended to do so, nor would it be possible. It is intended to provide:

- General information on selected medications;
- Guidelines for medication procedures for you as a caregiver for individuals with developmental disabilities; and
- Limited but valuable information regarding the side-effects of selected groups of medication commonly used by participants;

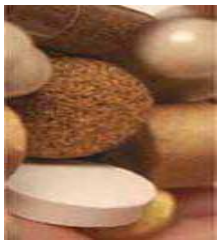
Also, a list of related references is provided at the end of this guide to assist you to further enhance your knowledge of medications.

Be prepared to learn and enjoy your new course!

Chapter One

IMPORTANCE OF MEDICATION ASSISTANCE TRAINING

INTRODUCTION



Due to federally mandated changes regarding requirements within the Adult Developmental Disabilities (DD) and Acquired Brain Injury (ABI) waivers, the Division is implementing state standards and policies concerning Medication Assistance. Foremost among these changes is the requirement that all current and new providers who elect to continue to provide assistance to participants with medication shall be required to complete a Division developed Medication Assistant course.

Assisting with medications is a serious responsibility. Your participants rely upon you to help them store and access the medications that they require to maintain a quality life. In addition, in many instances, you will be their first-line response to any ill effects of medications that they may experience, some of which may even be life threatening. This responsibility underscores the importance that you have an understanding of the participant's medical and behavioral conditions, required supportive measures, medications, and potential complications such as serious medication side effects.

Assisting with medications can only be performed safely if a step-by-step systematic approach is utilized and, even then, it must be done in a very conscientious manner, taking into consideration environmental factors such as adequate lighting and lack of distraction. Medication errors do occur and can usually be traced back to the provider not having or not following an established systematic approach such as the **Five Rights** method, which we will cover in a later section. By conscientiously adhering to a systematic approach of verification and being mindful of environmental factors when preparing, assisting with, or administering medications, you can avoid making a medication error and safety of your participants. As stated earlier, medication errors do occur evidenced by the following information.

In 1999, the Institute of Medicine released the report, "To Err is Human: Building a Safer Health System", they stated between 44,000 to 98,000 deaths occur(ed) as a result of medical errors and more than 7000 of those deaths were directly related to medication errors.

Putting this into perspective, annual deaths from medical error exceeds the number of deaths involving motor vehicle accident (43,458), breast cancer (42,297), or AIDS (16,516). From 1993 to 1998, the most common types of medication errors were administering wrong dose (41%), wrong drug (16%), or wrong route (16%).

A medication error is defined by the National Coordinating Council for Medication Error Reporting and Prevention (cite) as:

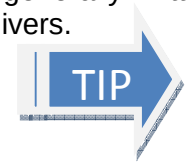
"any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer"

Nearly half of the fatal medication errors occurred in people over age 60. The potential for medication errors increases as the average number of medications administered increases. In 2006, medication errors injured 1.5 million people and cost billions of dollars. The above-mentioned number includes all errors involving prescription drugs, over the counter medication,

vitamins, minerals, and herbal supplements. 400,000 of these medication error injuries occurred in hospitals, 800,000 in Long Term Care Facilities and 530,000 occurred among Medicare patients in outpatient clinics. These figures are low estimates based on reported errors. Confusion caused by similar drug names accounted for up to 25% of all medication errors. Labeling and packaging issues were cited as the cause for 33% of errors including 30% of fatalities. Patients will typically overlook important label information on over the counter medications resulting in interactions with other drugs.

Medication Assistants should maintain an up to date list of medication including over-the-counter and herbal/dietary supplements to give to physicians and/or pharmacists. This can prevent duplication of medications under different names and interactions of medications with herbal/dietary supplements.

Handouts are usually given to patients by the pharmacy informing them about their prescriptions, but they are generally written using medical terminology, which can result in confusion for patients and/or caregivers.



BEING ALERT AND KNOWING THE PARTICIPANT IS KEY TO PREVENTING MEDICATION ERRORS!

YOUR RESPONSIBILITIES AND ROLE AS A MEDICATION ASSISTANT

RESPONSIBILITIES

As a medication assistant, you have multiple responsibilities, which include:

- ✓ Ensuring the safety of the participant,
- ✓ Knowing your participant and their needed supports,
- ✓ Following your participant's "Plan of Care",
- ✓ Assisting with medications in the manner prescribed by the medical professional,
- ✓ Asking questions when you are unsure of a medication or situation,
- ✓ Maintaining awareness of participant health status,
- ✓ Reporting concerning conditions or behaviors,
- ✓ Filling out the appropriate paperwork related to medication assistance, and
- ✓ Following organizational policies and procedures (if applicable).

ROLE

Many individuals with developmental disabilities and/or acquired brain injuries have the need to take medications to help treat medical or behavioral conditions. Our participants exhibit a wide range of self-care abilities that will allow some to fully manage their own care, while many others will require varying degrees of assistance because of physical or cognitive reasons. The responsibility to provide medication assistance care to participants in need will rest predominately on the shoulders of direct care staff who have achieved the status of an approved "Medication Assistant". **Your primary role as a Medication Assistant is to <u>safely</u> assist the participant with taking his/her medication while promoting their maximum independence**. You also play a major role in being the "eyes and ears" of healthcare professionals, guardians, and waiver service provider organizations by reporting concerning changes in participant health status. This "eyes and ears" component is absolutely vital to ensuring appropriate participant care, especially for those who have difficulties expressing their condition or have limited access to the healthcare system. The remainder of this text is dedicated to how you can safely fulfill your medication assistant responsibilities.

Chapter Two

MEDICATIONS IN GENERAL

A medication can be defined as a chemical or compound of chemicals that has a targeted and desired effect, used to treat (control, prevent or cure) a medical, psychiatric or behavioral condition.

PURPOSE OF MEDICATIONS

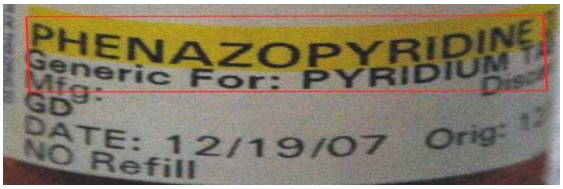
Healthcare professionals utilize medications along with other forms of treatment in an attempt to increase or maintain the quality of life of the recipient. This may be especially true and challenging in regards to our participant population which, in addition to common medical concerns, has an increased incidence rate of certain medical conditions related directly to the prevalence of genetic syndromes.

GENERIC VS. BRAND NAMES

Some medications can be sold as either a **brand name** drug, a medication that has a special name designated by the manufacturer, or a **generic** drug, which is essentially a chemical copy of the corresponding brand-name drug. There is a considerable amount of public misconception regarding the quality of brand name versus generic medication but the reality is that, with the exception of appearance, there is no difference between the two. The U.S. Food and Drug Administration (FDA) requires the same standards for the manufacturing of both brand name and generic drugs. Generic drugs are cheaper because the patent owned by the original manufacture has expired and other companies can now manufacture and sell the drug at a fraction of the cost of the original because of the lack of research and developing costs.

Example: One of the most commonly used pain-relief medications is widely known by its generic name, ibuprofen, is also know by several brand names including Advil® and Motrin®. Brand names are typically capitalized and generic names are typically lowercase.

OVER-THE-COUNTER VS. PRESCRIPTION



Medications are also classified as being either an over the counter (OTC) or prescription medication Prescription medications may only be purchased from pharmacies with a prescription written by a medical professional such as a doctor, psychiatrist, physician's assistant or nurse practioner. OTC or non-prescription products may be purchased at both pharmacies and retail stores without a prescription.

SCHEDULED VS. NON-SCHEDULED MEDICATIONS

Scheduled

Most prescription medications are prescribed in a manner that indicates an intended time frame for which the medications should be taken. Some medications need to be delivered at distinct times such as at bedtime or thirty minutes prior to each meal, while other

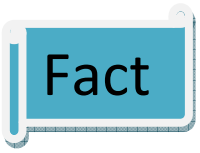
medications are meant to be given at intervals such as four times daily. Generally speaking, scheduled medications are meant to either deliver a dose of medication in a time frame that is related to a specific event (see example 1), or to deliver medication in manner that allows the body to maintain a fairly constant blood plasma level of the desired medication (see example 2).

Example 1: Ambien 5mg at bed time for insomnia.

Example 2: Lamictal 300mg twice daily for seizures.

Non-scheduled (PRN)
Non-scheduled medications are intended to be taken on an as-needed basis to treat situations as they arise (see example 3). These medications are commonly known as "PRN" medications.

Example 3: Tylenol 500mg every 4 to 6 hours as needed for headache.



PRN is an acronym for the Latin phrase "pro re nata" which translates in English as "for the thing born." This phrase is widely accepted by the medical community to mean "as needed."

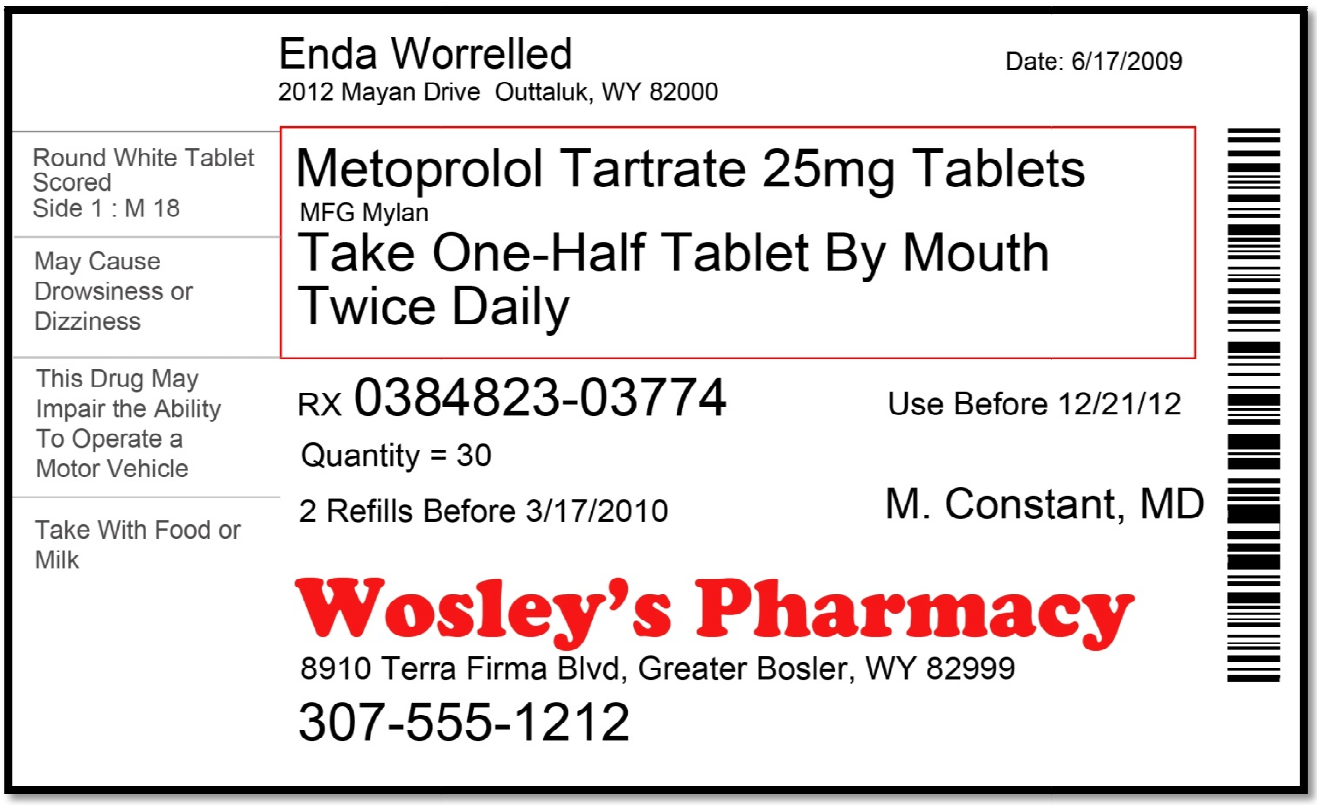
STORAGE OF MEDICATIONS

As there are literally thousands of medications available on the market with many different methods of storage required, please refer to the pharmacy and/or package instructions for appropriate storages instruction and follow them accordingly. In addition to the recommended storage instructions, the DDD also has requirements to which you are required to adhere.

All medications shall be stored:

1. In an enclosed space that is inaccessible to participants; or
2. Refrigerated medications will be in a container inaccessible to participants in the home or in a separate refrigerator.
    a. Some medication must be refrigerated, or stored in a cool, dark place. Refrigerated medications should be stored at 36-40 degrees.
    b. It is recommended that you use a thermometer to be able to monitor the temperature of the refrigerator to ensure the appropriate temperature is maintained.
    c. Use care to ensure medication is not confused as food by anyone who may not know.
    d. Medications must be stored in a secure fashion, when in the refrigerator.
3. If medications are not in stored in bubble packs from the pharmacy, then medications must remain in original, labeled containers until transferred to pillboxes by qualified individuals.
4. Always refer to your agency's policies and procedures for additional instruction on storing medications.

MEDICATION LABELS



Pharmacies are required to attach an informational label to the packaging and/or containers that the prescribed medications are delivered in. These labels contain a great deal of information and, while the format will vary from pharmacy to pharmacy, they will most likely contain the following common elements:

a) Name and address of the person intended to receive the medication,
b) Date the prescription was filled,
c) Name of the medication, strength, and format,
d) Manufacturer of the medication,
e) Instructions of how the medication should be taken,
f) Description of the medication with identifiers,
g) Warnings and instructions,
h) Unique prescription number,
i) Quantity of medications delivered,
j) Refill information,
k) Expiration date,
l) Prescribing medical professional, and
m) Name of pharmacy and contact information.

The ability to correctly interpret, understand, and utilize the information on a medication label is vital to providing safe medication assistance. This label deserves your attention each and every time you access the medications found within.

Always read medication instructions carefully and follow them accurately and consult with your pharmacist whenever you don't understand information regarding the participant's prescription.

In addition to the emergency phone numbers that you keep by your telephone, keep a list of medical professionals that you can call to ask questions concerning your participant's health and their medications. This list could include the participant's Physicians, local pharmacies, Nurse Hot-lines, and the local Emergency Room.

MEDICAL ABBREVIATIONS

The use of medical abbreviations has been identified as a major contributing factor in occurrence of medication errors. **The DDD strongly recommends that Medication Assistants avoid the usage of medical abbreviations and use common English when communicating in both verbal and written forms.** The following is a list of once commonly used abbreviations that has been included in this text for the purpose of example and reference only. Unfortunately, some of these abbreviations may still be utilized by members of the medical community by way of habit. **Should you encounter the use of these abbreviations, please ask for a clarification of the instructions in common English.**

Abbreviation	English Meaning	Abbreviation	English Meaning
ac	before meals	po	per os, by mouth
bid	two times a day	pr	per rectum
cap	capsule	pc	after meals
c	with	q	every
TPR	temperature, pulse, respiration	qid	four times daily
c/o	complains of	qod	every other day
D/C or disc	discontinue	Rx1	refill once
d or qd	daily	s	without
gtt(s)	drop(s)	supp	suppository
h	hour	T	tablespoon
NR	no refill	tab	tablet
tid	three times daily	tsp	teaspoon

THE FIVE RIGHTS

Awareness is the number one way to prevent medication errors. The **Five Rights** is a system designed to increase awareness and assist in preventing medication errors by way of emphasizing that five key elements must be checked and verified before medications are given. In order for the Five Rights to be effective, each and every step must be performed in a conscientious manner and performed in an environment that is conducive to safe medication assistance.

1. **Right Individual**—Read label and identify individual on the label. If you don't know the individual, ask the participant what their name is or ask a staff to verify the participant's name.
2. **Right Medication**—Read the medication label and check it against the MAR (spell it out)
3. **Right Dose**—Read the medication label and check against the MAR. Be alert for multi dose medications such as multiple tablets or capsules.
4. **Right Time**—Read the medication label for the directions for when to take the medication and then check the times against the MAR. You may give the medication an hour before the time on the MAR or an hour after if not otherwise specified on the medication label.
5. **Right Route**—Read the medication label for the directed route for administration of the medication.

There are three times when you check the **Five Rights**. These times are:

1. When you remove medications from the storage area
2. When the medication is removed from the original labeled container and;
3. Just before you assist the individual to take the medication

Stop if any information does not match!

You may have any number of the **Five Rights** incorrect. Have another person who is approved to assist/administer (Division Approved Medications Assistant/RN or LPN) medications check the **Five Rights** with you. *If you have, further questions call the pharmacy, the participant's nurse, or your supervisor.*

Additional Factors

Despite the best of intentions and use of the Five Rights system, medication errors still occur. In many instances these errors happened even when an individual believed that they were diligently following the Five Rights. There are several reasons this might occur.

Environmental Concerns

Lighting

Another common environmental factor that contributes to medication errors is poor lighting. When faced with multiple containers or bubble packs with the same standardized labels which, at first glance, tend to look very similar, it is obvious that we need the ability to clearly read the all the labels and documents involved in the medication assistance process. Yet, quite often, medications are stored in and accessed from closets, cabinets with deep drawers or other poorly lit areas. Additionally, we sometimes fail to provide for adequate lighting in the areas that we have designated to provide the actual assistance. This lack of adequate lighting can contribute to a misreading of labels, instructions or other required materials. Please ensure that you have adequate lighting during all phases of your assistance. You can not appropriately verify information that you can not see properly.

Noise and Physical Distraction

Providing medication assistance requires that you stay task focused. Noise and other distractions serve only to reduce our focus and increase the likelihood of a medication error. Always attempt to provide an area that is distraction free as is practical to perform medication assistance.

Clutter and Cleanliness

A cluttered and/or unclean work area may cause distraction or require you seek a different area to perform services. Ensuring that the area you have chosen to perform medication assistance in is appropriately clean and suitable prior to you needing it can help reduce the likelihood of a medication error.

Human Concerns

Preconception

As humans, we have a tendency to see or interpret situations based on our previous experience or expectations. This tendency has been used to explain why seasoned and trained medical professionals using the Five Rights system are still involved in medication errors. To help combat this phenomenon, attempt to approach every instance of medication assistance as if it were your first time.

Chapter Three

DRUG CLASSIFICATIONS AND SIDE EFFECTS

Medications can be classified in many different ways. Perhaps the most useful and easily understandable method of classification is to group medications into *Functional Categories*.

A functional category simply groups medications based on its primary intended purpose. Although many medications can be used for multiple purposes, most can be grouped into a functional category based on its *most common intended usage*. An example of this could be Ibuprofen. While it is true that Ibuprofen is used to reduce inflammation and manage fevers, it is primarily used for the relief of pain and, for the purpose of this instruction manual, will be classified as a pain relief medication. Once we have a medication categorized, we can begin to explore the side effects that are commonly associated with that particular category of medication.

An interesting fact concerning medications is that they all produce multiple effects on the human body. If an effect of a medication is desired and is intended to treat a certain condition, we consider it a *therapeutic effect*. If a resulting effect is unwanted or has negative impact we call it a *side effect*.

What makes this interesting is that some medications are marketed in such a manner that a certain effect is considered a side effect but when marketed under a different name, that very side effect becomes the therapeutic effect. A prime example of this is the widely used antihistamine Diphenhydramine Hydrochloride. When marketed under the trade name "Benadryl", used in part to treat allergies and dry up runny noses, we are warned that Diphenhydramine may cause drowsiness as a side effect.

"Benadryl"
Dry mucus membranes

could =

Drowsiness

But when marketed under the trade name "Nytol", a sleep-aid, side effect warnings include dryness.

"Nytol"
Drowsiness

could =

Dry mucus membranes

Medication side effects can range in severity from benign and expected, to life threatening and rare. Unfortunately, many medications commonly used by our participant population have side effects that are potentially life threatening if not noticed, reported and treated in a timely manner. **This very fact underscores the importance of the direct care staff's ability to recognize and report new or undesirable medication side effects.**

Medication side effects may present themselves slowly and gradually after months or years of participant exposure to the medication, or present immediately after the initial exposure. It is because of this unpredictability the direct care staff must always be vigilant for deviation (change) from expected participant response and behaviors.

COMMONLY USED MEDICATIONS FOR THE DD POPULATION

The following is a list of the major classifications of medications commonly used by our participant population along with a summary of associated side effects. It is important to remember that due to the wide variety of medications utilized and the variability's of human response to medications that the following is merely a summary and not intended to be a complete list of all possibilities.

Antipsychotics

Antipsychotic medications are used to treat psychosis, a mental condition in which a person is considered to have difficulties staying in touch with reality. Unfortunately, antipsychotic medications are associated with a host of undesirable and potentially dangerous side effects including the following:

Antipsychotic medications: Zyprexa, Risperdal, Seroquel, Geodon, and Abilify.

- Inability to initiate movement
  - Rigidity*
- Inability to prevent movement
  - Fidgeting
  - Muscle spasms
  - Tongue thrusting
- Fever
- Decreased mental ability
- Increased seizures
- Diabetes
- Weight gain* (see page 21)
- Anxiety
- Depression
- Irritability
- Restlessness

A sudden onset of a high fever associated with new or recent onset of muscular rigidity is always considered a medical emergency requiring the activation of the EMS (911) system.

Anti-anxiety

Anti-anxiety medications are used to treat disorders that manifests by excessive personal uneasiness, worry or fear. The following symptoms may be expected for a short period of time following the initial exposure to the medication but may indicate acute or chronic toxicity if the medication has not been recently started or increased:

Anti-anxiety medications may include: Ativan, Valium, Klonopin, Xanax, and Buspar

- Drowsiness
- Fatigue
- Loss of coordination* (see page 21)
- Inability to concentrate
- Confusion
- Confusion

Antidepressants

Antidepressants are a class of medications used to treat depression disorders, characterized by a pervasive down-turned mood most often accompanied by a sense of low self-esteem, and loss of interest in once enjoyable activities. Antidepressants may also be used for the treatment of chronic pain, eating disorders, and obsessive-compulsive disorders. Side effects of antidepressant medications may include:

- Suicidal ideations – Studies seem to suggest that thoughts of suicide may increase in a depressed person immediately, and for up to 8 weeks after treatment has been initiated.
- Weight gain
- Increased heart rate
- Sweating
- Tremors, shivering or twitching
- Over responsive reflexes
- Dilated pupils
- Fever

Sudden onset of these symptoms (independently or combined) shortly after the ingestion of an antidepressant medication should result in the immediate notification of an approved medical authority.

Anti-depressant medications may include:

Celexa, Lexapro, Prozac, Paxil, Zoloft, Cymbalta, Effexor, and Elavil

Anticonvulsants

Anticonvulsants are a broad class of medications given to prevent or dampen the prevalence of epileptic seizure activity. Anticonvulsants are also being prescribed with growing frequency to treat bipolar disorders. Because the anticonvulsant category covers such a broad spectrum of medications, side effects are wide ranging but can include the following:

- Sedation
- Lack of coordination
- Jaundice (yellowish discoloration of the skin or whites of the eyes)
- Weight loss

Anticonvulsant medications may include:

Tegretol, Depakote, Keppra, Valium, Gabapentin, Klonopin, Trileptal, Lamictal, and Dilantin

Mood stabilizers

Mood stabilizers are medications used to treat mood disorders characterized by intense swings of mood. Because many anticonvulsants are utilized as mood stabilizers the list of side effects is essentially the same for both categories:

- Sedation
- Lack of coordination* (see page 21)
- Jaundice* (Yellowish discoloration of the skin or whites of the eyes) (see page 21)
- Weight loss* (see page 21)

Mood stabilizer medications may include:

Lithium, Depakote, Tegretol, Neurontin,and Klonopin

Analgesics (Pain Killers)

An analgesic medication belongs to a broad classification of drugs used to relieve pain. Analgesic medications can be divided into two major subcategories:

Narcotic and Non-narcotic

Narcotic Pain Killers

Narcotic pain killers come in many different formats but generally, most will contain an opiate as the chief mechanism for relieving pain. Side effects from narcotic pain killers can be quite pronounced, especially for the younger or older populations, people who are taking other sedating medications, or people who are taking it for the first time. Side effects from narcotic pain killers may include:

- Sedation * (see page 21)
- Respiratory depression
- Lack of coordination * (see page 21)
- Dizziness* (see page 21)
- Constipation* (see page 21)

Narcotic pain medications may include:

Vicodin, Percocet, MS-Contin, Tylenol #3, and Darvocet.

Non-Narcotic Pain Killers

Non-narcotic pain relievers can be obtained either by prescription or over-the-counter means and are used to treat mild to moderate pain. Because this class of medications can easily be obtained over-the counter it is a common misconception that they can be taken without concern for side effects. Unfortunately, this is not true as their side effects can be harmful and may include:

- Stomach upset
- Bleeding

Non-narcotic pain medications may include:

Ibuprofen, Aspirin, Aceta-minophen, Naproxen, and Celebrex

Blood Glucose Regulators (Diabetic)

Diabetic medications are prescribed to people whose bodies have difficulties self - regulating the amount of glucose (sugar) in their blood, which may result in abnormally high and dangerous levels. The type of medication prescribed is dependant on the type and severity of the diabetes under treatment. Based on their means of delivery, common diabetic medications can be grouped into two main categories: oral and injectable (Insulin). The oral forms of diabetic medications will generally cause side effects with a slower onset than other forms, although this is not necessarily always true. If any of the following symptoms are noticed prior to or shortly after the administration of diabetic medications, low blood sugar should be suspected and appropriate actions/protocols should be taken.

- **Lower than desired blood sugar (mild to moderate)**
  *Trembling *Clammy skin
  *Palpitations *Anxiety
  *Sweating *Hunger
  *Irritability *Headache
- **Lower than desired blood sugar (mod to severe)**
  *Confusion *Seizure *Coma
- **Other side effects of diabetic medications include:**
  *Anorexia *Skin reactions

Diabetic medications include:
Oral: Glynase, and Glucotrol

Injectable: Humalog (rapid-acting), Regular (short-acting), NPH/Lente (intermediate-acting), and Ultralente (long-acting).

Antibiotics

Antibiotic medications are prescribed to kill or retard the growth of unwanted bacteria. These medications are most commonly prescribed in an oral format, but for some purposes, a topical preparation may be required. Although antibiotics are generally tolerated well by most people, they are not entirely without side effects. Common side effects may include:

- Nausea
- Vomiting
- Diarrhea
- Secondary infections

Antibiotics include: Ammoxicillin, Erythromycin, Augmentin, Zithromax, Keflex, Bactrim, and Cipro.

Psuedomembraneous Colitis is a severe condition caused by the elimination of "good" bacteria within the intestinal tract and subsequent replacement with the harmful bacterium Clostridium difficile. If left undetected and untreated this condition can be fatal. Should the following symptoms be detected in conjunction with a treatment involving antibiotic medications, prompt professional medical attention is required:

- Offensive-smelling diarrhea
- Fever
- Abdominal pain

Antivirals

Antiviral medications are utilized during the early stages of some viral infections to inhibit further spread of the virus or to prevent recurrences or reactivation in chronic viral infections. Side effects for most people tend to be mild and may include:

- Nausea
- Vomiting

Antiviral medications include: Acyclovir and Amantadine.

Gastrointestinal

Gastrointestinal (GI) medications are used to prevent or treat GI upset, speed the passage of food through our GI tract, decrease the amount of acid in the stomach, and treat or prevent constipation. Side effects from GI medications may include:

- Abdominal pain
- Diarrhea
- Nausea

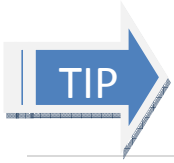
GI medications include: Prilosec, Protonix, Reglan, and Dulcolax.

Allergy

Allergy medications are one of the most widely used forms of medication and are available in both prescription and over-the-counter formats. Side effects may include:

- Drowsiness
- Lack of coordination
- Dry mouth
- Nervousness

Allergy medications include: Benadryl, Claritin, Vistaril, and Chlor-Trimeton.



Watch the participant for reactions to all medications!

Sleeping Aids

Sleeping aids are occasionally prescribed to alleviate sleep disturbances associated with several DD related syndromes and conditions. Beyond the expectation of drowsiness sleep aids may cause the following side effects:

- Sedation* (see page 21)
- Dizziness

While many sleeping aids are prescription only, several over-the-counter medications are available.

Sleep aids include:
Prescription: Ambien, Lunesta, Sonata, and Restoril.
Over-the-counter: Diphenhydramine Hydrochloride and Melatonin.

Blood Pressure

Blood pressure medications encompass a wide class of drugs that are generally used to lower a person's blood pressure. Side effects from these medications can vary widely based on their mechanism of action. Potential side effects can at times be very serious and may include:

- Undesirably low blood pressure*
- Heart rhythm disturbances (Too fast, too slow, or irregular)
- Chest pain
- Swelling of lower extremities

Blood pressure medications include:
Lotensin, Vasotec, Prinivil, Cozaar, Tenormin, Lopressor, Inderal, Catapres, and Tenex.

Cardiac

Cardiac medications are prescribed to treat a variety of heart related conditions thru mechanisms such as regulating the speed and strength of the beating of the heart, thinning of the blood, ridding the body of excess fluid, and increasing blood flow to the heart. Serious side effects of cardiac medications may include:

- Chest pain
- Heart rhythm disturbances (Too fast, too slow, or irregular)
- Swelling of lower extremities
- Undesirably low blood pressure; may cause dizziness (This may be especially true if a PRN such as sublingual nitroglycerin is given)

Cardiac medications include:
Coumadin, Capoten, Vasotec, Monopril, Corgard, Betapace, Cardizem, Digoxin, and Nitrogylcerin.

Diuretics

Diuretics are prescribed to individuals who have the need for assistance to rid their bodies of excess water. Diuretics accomplish this thru increasing the rate and amount of urination. Side effects may include:

- Nausea
- Constipation
- Urgent need to urinate – While this is not a true side effect, as the need to urinate is the desired result; it is important to take into consideration the necessity to provide the recipient with a means to satisfy this need. For an ambulatory individual the urgent need to urinate may equate to being at an increased risk for falling.
- Leg cramps (This may be a sign and symptom of an electrolyte imbalance.)

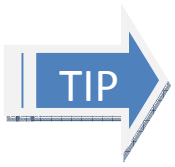
Diuretics include:
Lasix, HCTZ, and Aldactone.

Herbal Remedies, Over-the-Counter Medications vs. Prescription Meds

A widely held misperceptions pertaining to herbal remedies and/or over-the-counter medications is that users do not need to be concerned with side effects: this is simply not true. In fact, the FDA has in recent years removed many remedies/medications from the shelves of stores because of documented instances of severe side effects, some of which proved to be fatal. Again, please remember that all medications cause side effects. It is not practical to list in this text all the various medications and preparations available on an over-the-counter basis along with their associated potential side effects. ***To minimize risk to the recipients of both over-the-counter and prescription medications it is highly important that the "Five Rights" of Medication Administration be observed.***

All Medications *Considerations for selected side effects

- **Undesirably low blood pressure**
- **Weight gain/loss:** Weight change is generally gradual process and, therefore, often underappreciated. Many psychoactive drugs can cause considerable changes in weight, which, in turn, may have negative impact on a participant's health or may even be a symptom of toxicity. For these reasons, it may be prudent to implement a weekly weight monitoring and baseline weight deviation reporting program for individuals receiving psychoactive medications.
- **Jaundice**: Many medications are toxic to the liver and, if left untreated, can cause damage or total failure of the liver.
- **Abdominal pain** (especially right sided): Many medications are toxic to the liver and, if left untreated, can cause damage or total failure of the liver.
- **Sedation:** Overly sedated individuals are at greater risk of accidents and injuries including: Falls, oxygen de-saturation secondary to respiratory depression, and aspiration. Over sedation should be reported to a medical authority immediately.
- **Lack of coordination**: Due to the increased risk for falling/injury participants experiencing lack of coordination issues will need a higher level of direct care staff vigilance until normal coordination is regained.
- **Dizziness**: Due to the increased risk for falling/injury participants experiencing lack of coordination issues will need a higher level of direct care staff vigilance until normal coordination is regained.
- **Constipation:** Many medications can cause the bowels to function less efficiently resulting in temporary constipation or, in some cases, blockage. For this reason, it may be prudent to monitor bowel output to ensure proper bowel function.
- **Anaphylactic shock:**
  A severe and sometimes fatal allergic reaction characterized by a rapid drop in blood pressure, swelling (especially of the face, lips, tongue, or throat), rash or itchiness, and breathing difficulties caused by exposure to a substance, including prescription and over-the-counter medications or herbal remedies. If anaphylactic shock is suspected, the immediate medical attention is required.



It is extremely important to remember that at any time or place, serious side effects or allergic reactions may occur. Early recognition of these adverse side effects play a critical role in ensuring the maintenance of health and safety for the population we are entrusted to serve.

Chapter Four

INFECTION CONTROL

Germs (bacterial, viral, and fungal) that can cause illness or disease are virtually everywhere and can easily be transmitted to us through simple contact with our hands. Our hands become contaminated as we constantly use them to interact with our environment and we, in turn, will pass it along to the things that we touch, including other people. Fortunately for us we have a simple and effective way to help minimize this from happening…hand washing.

Frequent hand washing when combined with good technique has proven to be the most effective means of preventing the spread of infections.

When to Wash Your Hands

As stated earlier, germs are found everywhere and, because of this, it is best to assume that your hands are contaminated until you have washed them. Please keep in mind that having clean hands is a condition that is extremely short lived and that contamination and the need to rewash your hands is inevitable.

The situations in which you will need to wash your hands are too numerous to list but include the following:

- ✓ Whenever your hands become soiled or you suspect contamination,
- ✓ Before and after each instance of medication assistance,
- ✓ Unexpected contact with blood, bodily fluids or secretions (If contact is expected, you should be wearing gloves),
- ✓ Before and after using gloves,
- ✓ After using the toilet or assisting another to do so,
- ✓ Before and after handling medications or food,
- ✓ Petting animals,
- ✓ After personal forms of contact with self or others
    - o Shaking hands,
    - o Sneezing or blowing/wiping your nose,
    - o Smoking or placing “chew”, and
- ✓ Before and after providing contact care for others.

<u>When in doubt, assume your hands are contaminated and wash them properly!</u>

How to wash your hands:

Hand washing is only effective if done properly. For maximum effectiveness, please allow yourself the proper amount of time to wash your hands and, also, ensure that soap and an appropriate means of drying your hands is available before you start.

Hand Washing Guidelines:

1. Remove all jewelry.
2. Ensure that paper towels are available and ready for you to use. Dispense towels prior to hand washing if necessary.
3. Use warm running water,
4. Wet hands and apply soap keeping the hands lower than the elbows.
5. Wash all surfaces of both hands. This includes between the fingers, the palm of the hand, the back of the hand, and the fingernail area. Do this for at least 10 seconds.
6. Rinse hands under warm running water, letting the water drip from fingers by keeping the hands turned downward.
7. Dry hands with the paper towels.
8. Use a dry paper towel to turn off the faucet.

Gloves

There may be times during the provision of medication assistance that you may need to wear gloves. Situations that require the use may include:

- ✓ When contact with blood, bodily fluids or secretions is expected,
- ✓ During the physical assistance of medications introduced through the:
  - o Rectum,
  - o Vagina,
  - o Skin,
  - o Eyes,
  - o Ears, and
  - o Nose.
- ✓ When skin (your skin) to medication contact is expected.

How to Put on Gloves:

1. Wash your hands as described previously.
2. Slip on the gloves, covering your entire hand and as much of the wrist as possible without stretching the glove.

How to take your gloves off:

1. With your gloved dominant hand, take hold of the glove on the opposite hand at the top and inside of the wrist, pull it off your hand while turning the glove inside out as you go. This will prevent you from contacting your hand with the dirty surface of the glove.
2. Shape the glove into a wad or ball in your still-gloved dominant hand.
3. Place your un-gloved fingers in the top-inside of the remaining glove at the wrist and pull downward off your hand, covering the wadded glove as you go. You should now have one glove wrapped inside the other.
4. Dispose of both gloves in an appropriate trash container.
5. Wash your hands per previous instructions.

<u>It is important to understand that gloves used for medical purposes are meant to be a ONE-TIME USE ONLY product. Like our hands, gloves contaminate easily and, if not used properly, can spread germs that lead to illness and disease.</u>

Chapter Five

MEDICATION ROUTES

Medications can be physically introduced into the body in a variety of ways. These different forms of introductions are known as routes. The route may be determined by drug itself, based on its form and/or intended purpose. *Never change the route of administration or change the dosage form*. Only the prescribing medical professional can make such changes by changing the drug order. Not every drug can be given by every route and may cause great harm if given in a manner other than intended. If you believe that the prescribed route may be a mistake or harmful, please check with the prescriber or pharmacy before proceeding.

As a Medication Assistant you can only give drugs by certain routes.

The authorized routes of administration are as follows:

- Oral = swallowed by mouth
    - Tablet – A powdered medication compressed into a hard disk
    - Caplet – Same as a tablet but shaped into a slightly elongated form
    - Capsule – A powdered, liquid, or oil-based medication in a gelatin container
    - Elixir – A medication that has been sweetened and added to alcohol
    - Syrup – A medication that has been sweetened and added to water
    - Solution – A medication dissolved in a liquid
    - Suspension – A liquid that contains undissolved medication
    - Spansule – A capsule that contains tiny beads of specially coated medication designed for time release
    - Troche – A medication designed to dissolve in the mouth
    - Lozenge – A hard, candy-like medication designed to dissolve in the mouth
- Sublingual = dissolved under the tongue
- Inhalant = taken in through mouth or nose by breathing in or inhaling
    - Metered dose inhaler- Small hand-held device that utilizes a propellant to deliver a measured dose of medication to the lungs
    - Nebulizer – Converts liquid medication to a mist for inhalation
- Topical = applied to the skin
    - Cream – A non-greasy and semi-solid preparation
    - Jelly – A thick, mostly clear and semi-liquid preparation
    - Lotion – A thick liquid preparation
    - Ointment – A greasy and semi-solid preparation
    - Paste – A combination of oil, water and powdered medication

- Eye = drops or ointments applied to the eye
- Nose = drops or sprays given nasally
- Ear = drops placed in the ear
- Rectal = inserted in the rectum
    - Suppository – A dissolvable medicated solid designed to dissolve at body temperature
- Vaginal = inserted in the vagina
- Transdermal = absorbed through skin through application of a medicated patch
- Subcutaneous* = an injection of liquid directly beneath the skin
- Non-Oral Enteral routes* (gastrostomy and jejunostomy routes) = medications in liquid, syrup, or crushed form given through a g-tube into the stomach or a j-tube into the duodenum.

**These routes <u>will not</u> be taught by the Division and it is not expected that the Medication Assistant will perform this route. If a participant or legal guardian wants their chosen provider to perform these tasks, then they may instruct the provider on the proper methods and care or obtain training from a licensed medical professional.*

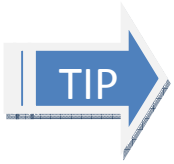
GENERAL PROCEDURES OF ADMINISTERING MEDICATIONS BY VARIOUS ROUTES

Preparation:

1. Compare the physician order with the MAR for consistency. Resolve any discrepancy in accordance with facility/agency policies before proceeding with the administration of the medication(s).
   - ✓ Always give the drug by a route stated on the order, the MAR, and the pharmacy label.
   - ✓ Make sure the information from the three sources is the same.
   - ✓ If not check with a nurse or pharmacist.
   - ✓ Never change the route
2. Obtain the necessary supplies needed for the type of medication(s) to be administered such as:
   - ✓ medication cups,
   - ✓ proper measuring devices,
   - ✓ cotton balls,
   - ✓ warm moist wash cloth,
   - ✓ disposable gloves,
   - ✓ tissues, crushing or splitting device,
   - ✓ round-nosed tweezers.

Procedure:

1. Wash hands.
2. Obtain the ordered medication from the medication storage area.
3. Read the label 3 times as medications are prepared for administration as follows:
   - ✓ When removing the container from storage area, also check expiration date
   - ✓ When pouring the medication from the container
   - ✓ When returning the medication to the storage area
4. Take the medication and supplies needed to assist with the medication to the participant.
5. Identify the participant by verifying his/her name.
6. Explain the procedure to the participant.
7. Assist with the medication.
8. Document the assistance of the medication by initializing the Medication Administration Record (MAR) in the designated box.
9. Dispose of supplies.
10. Wash hands.



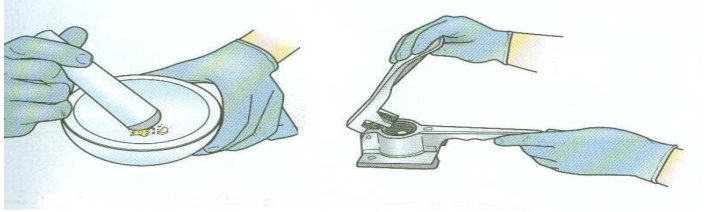
Perform all steps to prevent medication errors!

ORAL MEDICATIONS

Oral medications are those medications that are taken only by mouth.

1. When pouring tablets/capsules use the lid of the container to pour the medication, then drop the medication into a medicine cup. Do not handle medications with your fingers. Use a round-nosed tweezer if it is necessary to move or touch medications.

2. For participants who have difficulty in swallowing medications, the following techniques may be helpful to gain cooperation, as well as assist the participant to take all medications:
   - ✓ Have the participant in an upright or sitting position for easier swallowing. Never give pills or liquids to a participant lying down. Never give medication to an individual who is drowsy or not fully awake.
   - ✓ Offer tablets/capsules one at a time. If necessary, place medication in the participant's mouth toward the back of the tongue. Be careful to give only the number of pills that the participant can swallow safely and easily.
   - ✓ Offer a drink of liquid after each medication. Use a straw if necessary.
   - ✓ Allow enough time for the participant to swallow each medication.
   - ✓ Allow the participant to rest a short time after each medication is taken.
   - ✓ Tablets or capsules may be easier to swallow if given in a teaspoon of pudding, jelly, or applesauce, if permitted on the participant's diet. Be sure to tell the participant that there is medication in the pudding, jelly, or applesauce. *Do not trick the participant with disguising the medications.*
   - ✓ Some participants request their medication to be crushed. Always check with the pharmacist before crushing or mixing a medication with food or liquid. *Do not crush enteric coated tablets or open capsule*.



   - ✓ If the participant has continued difficulty taking oral medications, report this to the person in charge of participant care. The physician or prescribing practitioner may need to be consulted. Many medications are available in another form.

3. Remain with the participant to be certain all oral medications have been swallowed. This also ensures that the medication is taken on time. In some instances, checking the participant's mouth may be necessary to verify the participant has swallowed the medication. *Never leave medications lying around and be especially careful when medications are mixed in food or liquid: other individuals could mistake them for a snack and take the medication. This is a poisoning and is a very serious issue.*
4. Troches or lozenges are not to be swallowed. Instruct the participant to allow the medication to dissolve in the mouth. Drinking liquids should be avoided until the medication has completely dissolved. *These medications should be given last after other oral medications.*

LIQUID MEDICATIONS

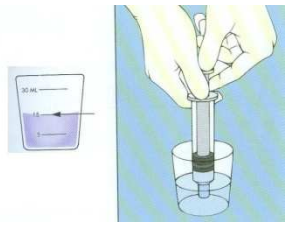
These medications are poured, measured and swallowed.

1. Check to see that the cap of the bottle is on securely.
2. Read instructions to determine if contents are to be shaken as with a suspension. A rotating wrist movement will ensure a more thorough mixture.
3. Remove the cap and place it with the open side up.
4. Hold the bottle with the label toward the palm of the hand to avoid soiling the label.
5. Locate the marking on the medication cup or specially designed measuring spoon for the amount to medication to be poured.
6. Pour the medication at eye level using the markings as a guide, then recheck on a flat surface. Take care not to pour more than is needed.
7. Clean the lip of the bottle, if necessary, with a moist cloth or paper towel before recapping.

Directions using an oral medication syringe:

If supplied with an oral medication syringe without an adapter for the medication bottle prepare the oral medication syringe following these steps:

1. If there is a cap on the syringe, then take it off and throw it away.
2. Identify the desired measurement on the syringe. If you wish to mark the correct dose on the oral syringe with a pen, be sure to mark next to the measurement line not over it.
3. If indicated, shake the medication.
4. Pour a small amount of medication into a disposable cup.
5. Place the tip of the syringe into the liquid in the disposable cup.
6. Pull the plunger to draw up the desired amount of medication.
7. Bring the top of the plunger to the line, which marks the correct dose. The tip of the syringe must be filled with medicine in order for the dose to be correct.
8. Remove all air bubbles. To do this:
   - ✓ Turn the syringe so the tip is pointing toward the ceiling
   - ✓ Tap the syringe to move the air bubbles to the top of the syringe
   - ✓ Slowly push the plunger until the air bubbles are gone



9. Recheck the syringe at eye level to make sure the dose is correct.
10. Draw up additional medication from the disposable cup if needed. Any excess medication in the disposable cup may be returned to the bottle.
11. Wipe off any medication on the outside of the syringe.

COMMON LIQUID MEASUREMENTS AND ABBREVIATIONS

cc = cubic centermeter (same volume as the ml)
ml = milliliter (same volume as the cc)
oz = ounce
1 teaspoon = 5cc or 5 ml
1 tablespoon = 15cc or 15ml
1 ounce = 30cc or 30ml

IMPORTANT

Never use a kitchen spoon to measure medications! Always use the supplied measuring device or purchase syringes and/or cups that are made for the purpose of measuring small amounts of liquid medications.

SUBLINGUAL MEDICATIONS

Sublingual medications are also given orally. They are different from other oral medications because they must not be swallowed. Sublingual medications are placed under the tongue where they are left until they dissolve.

SUBLINGUAL TABLETS

These medications are placed under the tongue.

1. Instruct participant to place tablet under tongue in the front part of the mouth.
   a. If several medications are being given, give the sublingual tablet last.
2. Advise the participant not to swallow until the tablet is entirely dissolved.
3. For nitroglycerin tablets:
   a. Instruct the participant to sit down upon the first indication of chest pain.
   b. Advise the participant to relax for 15-20 minutes after taking the medication to prevent dizziness or fainting. Headaches are a side effect of the drug and should last no longer than 20 minutes. *If headaches persist, notify the physician*.
   c. Follow written instructions from physician on additional administration of tablet.
   d. **If chest pain persists call 911 for immediate assistance. Stay with the participant for reassurance and to calm anxiety.**
   e. Tightly close the medication container and store in a cool, dry place. The container may be kept in a pocket or purse for easy access to the participant.

INHALANTS and NEBULIZERS

Several medications have been designed to be applied directly to the lungs. These medications are commonly delivered through devices such as inhalers and/or nebulizers

Inhalers

An Inhaler, a small hand-held, propellant driven device, which is currently the most common means of delivering medications to the lungs.

1. The participant should be in a sitting position.
2. Read instructions on the inhaler to determine if the medication is to be shaken.
3. Grasp the medication dispenser and remove the mouthpiece.
4. Hold the dispenser's mouthpiece approximately 1 inch from the participant's mouth. You may be using a device called a "spacer". This helps to make sure that the medication gets into the lungs and also helps if the individual is unable to

follow directions about inhaling or holding the medicine in. If a spacer is used, connect the spacer and inhaler and place mouthpiece in the participant's mouth.
5. Instruct the participant to exhale, and, on the count of three, to breathe in slowly and deeply as you push down on the top of the inhaler canister to deliver a "puff" of medication. *If you are giving more than one "puff" or you are giving more than one medication by inhaler, wait at least 1 minute between each puff and between each medication.*
6. Wipe off the mouthpiece or spacer before replacing the mouthpiece cover.
7. Assist the participant to rinse their mouth out with water after giving inhaled medications.

Nebulizers

A nebulizer is a device that converts a medication in liquid form to a mist meant to be inhaled. The two major methods of interfacing the nebulizer with the user is through the use of either a mouthpiece or a mask.

1. Gather all the needed supplies including the medication and wash hands.
2. Place the nebulizer unit on a table or other flat surface and connect to power source.
3. Connect the air/oxygen tubing to the nebulizer unit and place the medication in the nebulizer cup. Ensure that the cap has been secured tightly.
4. Turn on the nebulizer unit or oxygen source and ensure that the medication is misting and is present in the tubing opposite of the mouthpiece.
5. Instruct your participant to sit upright and place the end of the mouthpiece gently between the teeth and close their lips around it. If a mask is used, ensure that it is placed on the face in a manner that it is comfortable, yet does not allow the mist to escape
6. Instruct your participant to take slow deep breaths through their mouth and to hold their breath for approximately 2 to 3 seconds after inhaling
    - If at any time during the process your participant becomes dizzy, stop the treatment for at least 5 minutes and resume only if the participant feels better. Be sure to inform the proper medical authority of this concern.
7. Continue the treatment (5 to 10 minutes) until the prescribed amount of medication is no longer misting.
    - You may need to tap the nebulizer cup a couple of times during the treatment to settle the medication to ensure that the full dose is delivered
8. Clean the nebulizer per manufacturer instructions and wash hands.

TOPICAL MEDICATIONS

Gently clean the skin with a warm moist washcloth and pat dry before applying a topical medication unless you have been specifically instructed not to. You can use warm water or warm water with a mild soap.

Ointments, Lotions, Liniments, Aerosols, Gargles

1. *Gloves should be worn* whenever coming into contact with medication or a participant's skin.
2. Directions for application of the mediation should be a part of the physician's order or included with the instructions accompanying

the medication.

4. Ointments are applied directly to the skin or placed on a dressing that is then applied to the skin. Do not touch medication container to the skin.
5. An applicator or tongue blade may be used to remove ointments from a jar or container.
6. Apply topical medications in a thin layer (unless otherwise ordered) and only to the area(s) of the body indicated in the medication order.
7. Lotions are applied/swabbed on the skin for their antiseptic and/or astringent effects. Do not rub, massage, or cover the area with a band-aid or gauze unless you have been instructed to.
8. Liniments are rubbed into the skin quite vigorously to relieve soreness of the Muscles and joints.
9. Aerosols are sprayed onto the skin. Not touching the skin has advantages when skin is irritated or burned.
10. Gargles are solutions that are bubbled in the throat by keeping the solution in the upper throat, tilting the head back and exhaling air to create bubbling. Check directions with gargles to know whether the medication should be diluted prior to administration.

EYE MEDICATIONS

Check the label: *eye medications should always be labeled as "ophthalmic" drops, solutions or ointments.*

APPLICATION OF EYE DROPS/OINTMENTS

1. Instruct the participant about the procedure. Assist the participant to sit or lie down with head tilted back.
2. Cleanse the eye(s) with a clean tissue, clean and wet washcloth or cotton ball.
   a. Always cleanse from the inside of the eye, near the nose, to the outside. Use a clean tissue, cotton ball, or wash cloth for each wipe.
3. Remove cover of container, place lid with open side up.
4. Instruct participant to look upward toward the top of their head.

EYE OINTMENT:

1. Retract lower lid. (Make a pocket.)
2. Approach eye from out of field of vision. You may rest your hand against the participant's forehead to steady your hand.
3. With due care to avoid contact with the eye, apply the ointment in a thin ribbon, into the lower lid pocket.

EYE DROPS:

1. Retract lower lid. (Make a pocket.) It may be necessary to separate the eyelids.
2. Approach eye from out of field of vision.
3. With due care to avoid contact with the eye, apply eye drop gently to the center of the lower lid. Do not allow the drop to fall more than one inch before it contacts the eye.
4. Following application, instruct participant to look downward and then close eye(s) for a short time.
5. Wipe the excess ointment/drops with a clean tissue/cotton ball.

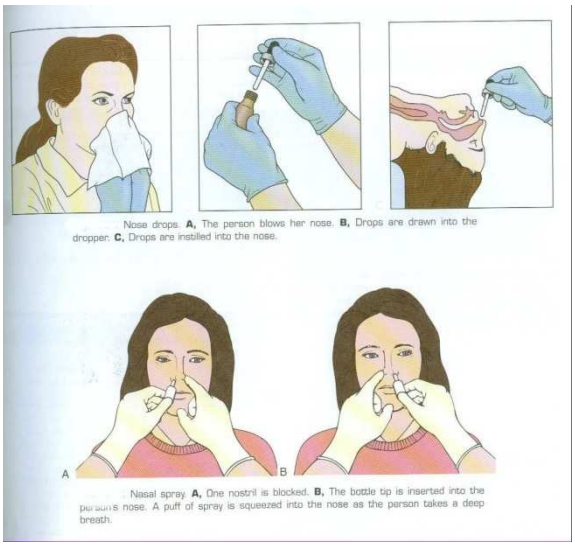
NASAL MEDICATIONS

NOSE DROPS/SPRAYS

1. Ask the participant to blow their nose to clear the nostrils.
   a. Use a warm, moist washcloth to remove any crusting or debris within or around the nose.
2. Avoid touching the dropper or spray nozzle to the participant's nose.

NOSE DROPS:

1. Instruct the participant to lie down with their head extended over a pillow.
2. Place the nose dropper just inside the nostril, and instill the correct number of drops.
3. Instruct the participant to remain with head back for a short time.



Nose drops. **A,** The person blows her nose. **B,** Drops are drawn into the dropper. **C,** Drops are instilled into the nose.

Nasal spray. **A,** One nostril is blocked. **B,** The bottle tip is inserted into the person's nose. A puff of spray is squeezed into the nose as the person takes a deep breath.

NASAL SPRAYS or NASAL INHALER:

1. The participant may sit up for nasal sprays.
2. Instruct the participant to sniff on the count of three as you squeeze the nasal spray. This will help to coordinate the participant's sniffing with the application of the medication.

Optional: Close one nostril while spray is applied to the other nostril.

EAR MEDICATIONS

Check the label: *ear medications should be labeled as "otic" solutions or "otic" drops.*

EAR DROPS

1. Position the participant:
   a. If lying in bed, have bed flat and turn head to opposite side.
   b. If sitting up, tilt head sideways until ear is as horizontal as possible.
2. Clean external ear canal with a clean tissue, cotton ball, or a warm moist washcloth.
   a. Use a separate tissue, cotton ball, or wash cloth for each ear.
3. Gently grasp the ear lobe and lift it slightly up and outward. This helps to straighten the ear canal so that the drops can get in to do their work.
4. Instill ordered number of drops without touching the dropper to the participant's external ear.
5. When instilling eardrops into both ears, place a cotton ball in the external portion of the first ear before turning the head to instill drops into the other ear.
6. Instruct participant to sit or lay quietly a short time to allow the medication to keep from draining back out of the ear.

RECTAL MEDICATIONS

RECTAL SUPPOSITORIES

1. Provide privacy for the participant. *Think about how you would like to be assisted if you needed a suppository. Be sensitive to the person's sense of modesty.*
2. Fully explain what you are doing.
3. Gloves are worn for the administration of suppositories.
4. Assist the participant to lie down, preferably on their left side. *(The colon is on the left side of the body and the suppository will enter the lower GI tract easier).*
5. Remove protective covering of suppositories and place in a medicine cup.
6. Obtain lubricant such as K-Y jelly or other water based lubricant (not Vaseline) for suppositories to apply before insertion.
7. Visualize the anal opening, lubricate and insert the suppository approximately three inches (the length of your index finger). The suppository should be inserted beyond the internal sphincter muscle of the rectum to prevent the suppository from being expelled. *Tuck the suppository up against the rectal wall.*
8. Instruct the participant to retain the suppository for as long as possible.

ENEMAS:

1. Provide privacy for the participant. *Think about how you would like to be assisted if you needed an enema. Be sensitive to the participant's sense of modesty.*
2. Fully explain what you are doing.
3. Gloves are worn for the administration of enemas.
4. Assist the participant to lie down, preferably on their left side. (The colon is on the left side of the body and the enema will enter the lower GI tract easier)
5. In most cases you will be giving a pre-filled, lubricated and measured enema. Remove the cover on the tip of the enema and gently insert the enema into the rectum, no further than the length of the enema tip. If resistance is encountered, do not force into rectum as this may cause injury.
6. Squeeze the enema until all of the liquid goes into the rectum.
7. Ask the individual to hold the enema contents in for as long as possible.

VAGINAL SUPPOSITORIES

Vaginal Creams/Suppositories:

1. Provide privacy for the participant. *Think about how you would like to be assisted if you needed a suppository. Be sensitive to the participant's sense of modesty.*
2. Fully explain what you are doing.
3. Put on disposable gloves.
4. Assist the participant to lie on her back with her legs open (frog leg position), or if she is more comfortable, on her side with the top leg bent and forward.
   If the participant is lying on her back, gently spread open the labia. If the participant is lying on her side, gently lift up the top cheek of the buttocks and locate the vagina. The rectum is farther back. Sometimes it is helpful to use the rectum as a guideline: locate the rectum first and move forward. The vagina is located closer to the front.
5. Remove protective covering of suppository and place in a medicine cup.
6. Obtain lubricant such as K-Y jelly or other water-based lubricant (not Vaseline) for suppository to apply before insertion.

Vaginal suppositories:

1. Insert 2-3 inches into the vaginal orifice.
2. Tuck the suppository up against the vaginal wall. Body temperature will melt the suppository to aid in the absorption of the medication.

Vaginal cream:

1. To insert, grasp the barrel of the applicator.
2. Place the thumb on the plunger.
3. Pointing the applicator slightly downward, insert the applicator into the vagina as far as it will comfortably go.
4. Push the plunger with the thumb as the applicator is slowly removed from the vagina.
5. Instruct the participant to remain lying down for 15-30 minutes for absorption of the medication. *Vaginal creams/suppositories are best administered at bedtime*.

TRANSDERMAL PATCHES

Transdermal Patches: Medication is absorbed through the skin.

1. A transdermal skin patch is impregnated with medication which, when applied to the skin, releases a continuous and controlled dosage over a specified time period.
2. Gloves should be worn to apply/remove transdermal patches. Do not allow the medication from the patch to touch your skin.
3. Remove the old patch, if present.
4. Gently clean the skin with a warm moist washcloth and pat dry before applying a transdermal patch unless you have been specifically instructed not to. You can use warm water or warm water with a mild soap. Cleanse both the new site and the removal site.
5. Rotate application sites to avoid skin irritation. Apply transdermal patches in areas where there is minimal body hair. If you have been instructed to apply the patch to a specific body part, do so. Do not apply a transdermal patch to an area of skin that is scabbed, scratched or has a rash.
6. Carefully peel backing off the patch, press on skin and apply gentle pressure to assure skin adherence. *Keep the patch clean and dry*.
7. Include the site of application with documentation. *Don't forget to remove the patch according to the medication order. When you put the next patch on, put it in a slightly different place.*
8. If a patch falls off before it is time to remove it, report this immediately according to your agency's policy for medication occurrences.
9. Do not reapply a new patch until you have been specifically instructed to do so.

Chapter Six

DOCUMENTATION, PRNs and MEDICATION ERRORS

DOCUMENTATION

Documenting the use of medications is very important to the participant's health and safety. Documenting allows all providers to be aware of when medications were given and helps medical professionals evaluate the effectiveness of medications. Documenting verifies that medications were taken, refused, missed, or given to a responsible person when with the participant when off-site.

MEDICATION ASSISTANCE RECORD

The Medication Assistance Record (MAR) is the form used to document medication usage. In addition to routine or daily medications, PRN, missed and refused medications, as well as medications taken off- site are also recorded on the MAR. PRN medications generally require extra documentation.

The MAR needs to be completed *at the time* a medication is taken by a participant, and it must include the following:

1. Participant name
2. Allergies
3. Medication name(s)
4. Dosage
5. Administration Route(s)
6. Special instructions
7. Date and time of the medication assistance needed
8. Signature of the Medication Assistant
9. Optional: signature of participant

The Division has developed a standardized Medication Assistance Record. This form can be recreated by a provider as long as it has all of the components in the standardized form. This is posted on the Division's website: www.health.wyo.gov/ddd/forms.

0Documenting for daily or routine medications is a fairly straightforward process. The Approved Medication Assistant will initial the box that corresponds with the correct medication and time given. Each MAR must be signed and initialed by the Approved Medication Assistant. For example, on the first of the month at 7am a Medication Assistant documents on the MAR:

MEDICATION ASSISTANCE RECORI

Month/Year: **July 2009** Allergies: **penicillin**

		Hour	1	2	3	4	5	6	7	8
Dose: **100 mg** Route: **mouth** Frequency: **1 tab 3 times daily**	Generic Name: **Phenytoin Sodium** Brand Name: **Dilantin** Physician: **Jones** Special Instructions: **avoid antacids at same time as dilantin**	7am	RJ							
		Noon								
		7pm								

PRN MEDICATIONS

Remember that PRN medications or medications that are given "as needed" are handled individually based upon the participants needs. There must be a physician's order that states the specific symptoms that indicate the need for the use of the medication, the exact dosage that is to be assisted with or administered the minimum number of hours between doses, and the maximum number of doses allowed in each 24-hour period. A record of each dose, including the date, time, and the dosage taken, and the individual's response must be recorded on the PRN MAR per your organization's policy. In some instances, depending on your organization's policy, it may be necessary to contact a nurse or a supervisor prior to giving a PRN medication.

Steps to be taken:

1. A participant makes a complaint or you observe a symptom for which the individual has a physician's order for a PRN medication.
2. Look at the medication record to see if the participant has already taken something for the symptom.
3. If enough time has elapsed since the last dose, or the participant has not taken anything yet, follow your organization's policy, if applicable, to approve a PRN.
4. Follow the steps for assisting with medications, including the 5-rights.
5. Initial the box on the medication record to verify you have assisted the participant to take the medications as prescribed.
6. Put the time the PRN was given on the MAR.
7. Sign the medication record.

		Hour	1	2	3	4	5	6	7	8
Dose: **800 mg**	Generic Name: **Ibuprophen** Brand Name: **Motrin**	P								
Route: **By mouth**	Physician: **Jones**	R	RJ 9a							
Frequency: **PRN 1 tab every 8 hours**	Special Instructions: **For complaints of back pain. Take with food or milk.**	N								

8. On the back of the medication record, record the date and time the medication was given, including dose and the reason it was given. It is very important for the time the PRN medication was given is documented. It can be harmful to take two doses too close together. The reason a PRN medication was given is also important to note. If the participant continues to have a headache, it may indicate something else is going on physically with the participant.

PRN Follow Up

Date/Hour	Medication/Dosage	Reason	Result/Response	Hour/Initials
7/1/09 9 am	Ibuprophen 800 mg	Complained of back pain		

9. Follow-up within the next couple of hours and note your follow-up, the time you followed up and your initials.

PRN Follow Up

Date/Hour	Medication/Dosage	Reason	Result/Response	Hour/Initials
7/1/09 9 am	Ibuprophen 800 mg	Complained of back pain	James said his back feels better	10:00am/ RJ

PRN PROCEDURES

When a physician orders medication to be administered PRN make sure the following information is included in the order:

1. The specific symptoms that indicate the need for the use of the medication
2. The exact form and dosage that is to be assisted with or administered
3. The minimum number of hours between doses, and the maximum number of doses allowed in each 24-hour period.

If any of this information is not present, the physician will need to be contacted to clarify the order to meet all of the above criteria. A record of each dose, including the date, time, the dosage taken, and the individual's response must be recorded on the PRN Medication Administration Record (MAR) per your organization's or individual policy. In some instances, it may be necessary to contact a nurse or a supervisor prior to giving a PRN medication.

If any of this information is not present, the physician will need to be contacted to clarify the order to meet all of the above criteria. A record of each dose, including the date, time, the dosage taken, and the individual's response must be recorded on the PRN Medication Administration Record (MAR) per your organization's or individual policy. In some instances, it may be necessary to contact a nurse or a supervisor prior to giving a PRN medication.

You will also need to be familiar with your personal or organizations policies and procedures, which will include:

1. How the PRN protocol in a participant's plan of care will be implemented.
2. The qualified person designated to do the assessment for the need of a PRN when contacted by a provider or provider employee,
3. The qualified person approved to administer the PRN.
4. The qualified person monitoring the participant for side effects after it is taken.
5. The procedure for documenting the usage of the PRN, and
6. The qualified person responsible for analyzing the patterns of PRN usage, who will work in conjunction with the participant's case manager to assure an appropriately trained medical professional continually assesses, monitors, and re-evaluates the participant to determine if the PRN medication is still needed or is still appropriate for the participant's medical condition.
7. The frequency of the monitoring, which shall be done at least quarterly by the case manager but may be needed more frequently for some participants or types of medication.

PRN instructions for use of a behavioral modifying medication will include:

1. Documentation of the PRN as an internal incident report.
2. The qualified person evaluating the participant face-to-face within one hour after the PRN is taken and documenting the participant's reaction to the PRN.
3. The types of incidents relating to PRN usage or administration that would be deemed "critical incidents" and reportable to the Division, DFS, Protection & Advocacy Systems Inc, the participant's case manager and guardian, if applicable.
4. The responsible person for reviewing the use of the PRN medication for behavioral modification purposes.

MEDICATION ERRORS

When medications are not taken as prescribed, it is a medication error. A medication error may occur several ways:

- ✓ Missing a dose of medication
- ✓ Taking the medication outside of the recommended time-frame
- ✓ Taking the wrong dose
- ✓ Taking the medication by the wrong route
- ✓ Taking the wrong medication

You will need to report medication errors as you would a Critical DD Incident Report. Go to the website to file incident reports and complete the required fields.

MISSED DOSE

Missed doses of medications should still be documented on the MAR and then follow the process for reporting a medication error. When documenting a missed dose on the MAR:

1. Identify the medications that were not taken.
2. Initial the box corresponding with the medication and time it was prescribed.

	Generic Name: **Phenytoin Sodium**	Hour	1	2	3	4	5	6	7	8
Dose: **100 mg**	Brand Name: **Dilantin**	7am	रु	(रु)						
Route: **mouth**	Physician: **Jones**	Noon	रु							
Frequency: **1 tab 3 times daily**	Special Instructions: **avoid antacids at same time as dilantin**	7pm	LK							

3. Circle your initials.
4. On the back of the MAR, record the date and time that the medication was missed, the medication, including dose, and the reason it was missed.
5. Report the error per your organization's policies.

PRN Follow Up

Date/Hour	Medication/Dosage	Reason	Result/Response	Hour/Initials
7/1/09 9 am	Ibuprophen 800 mg	Complained of back pain	James said his back feels better	10:00am/ रु
7/2/09 7 am	Dilantin 100 mg	Ran out, not available		7am रु

REFUSAL OF MEDICATIONS

Although a refusal of medications may result in a missed dose of medications, it does not constitute a medication error as long as proper procedures are followed.

Participants do have the right to refuse medication, unless it is a Rights Restriction in his or her IPC. Refusals should be documented and reported per your organization's policies.

Best Practice: **Before a refusal is accepted, the Medication Assistant should offer the medications 3 times, 15 minutes apart.** ***Please be aware that this is only an example and not a required method of defining a refusal.**

When offering the medications, explain the natural consequences of taking or not taking the medication. Try to determine the reason the participant does not want to take the

medication. For example, one individual had a prescription for potassium. She would take her other medications, but refused the potassium. Finally, the participant was asked why she refused that medication. She told the provider that the pills were too big and it hurt to swallow them. This was a valid reason and arrangements were made to get the same medication in an alternate form and the refusals ended.

If a participant refuses the medication all three attempts, document it as you would a missed medication.

1. Initial the appropriate box on the medication record
2. Circle your initials

	Generic Name: **Phenytoin Sodium**	Hour	1	2	3	4	5	6	7	8
Dose: **100 mg**	Brand Name: **Dilantin**	7am	RJ	(RJ)	(RJ)					
Route: **mouth**	Physician: **Jones**	Noon	RJ	RJ						
Frequency: **1 tab 3 times daily**	Special Instructions: **avoid antacids at same time as dilantin**	7pm	LK	LK						

3. Note the refusal on the back of the medication record.
4. Notify the appropriate people and report per your organizations policies.

PRN Follow Up

Date/Hour	Medication/Dosage	Reason	Result/Response	Hour/Initials
7/1/09 9 am	Ibuprophen 800 mg	Complained of back pain	James said his back feels better	10:00am/ RJ
7/2/09 7 am	Dilantin 100 mg	Ran out, not available		7am RJ
7/3/09 7:45 am	Dilantin 100 mg	James said he didn't need it yesterday, he won't take it today		7:45 am RJ

PROVIDER'S POLICY AND PROCEDURES FOR REPORTING MEDICATION ERRORS

Providers shall develop policies and procedures to comply with the following Division's standards for reporting and tracking medication errors and tracking other medication incidents. The provider policies and procedures shall include:

1. Medication Error categories reportable to the Division, to include any occurrence of the following:
   a. Wrong medication
   b. Wrong dosage
   c. Wrong participant
   d. Wrong route
   e. Wrong Time – Deviation from accepted standard time frame
2. Other Medication Incident Reporting categories for internal incidents, to include:
   a. Refusals,
   b. Dropped medication,
   c. Expired or damaged medication,
   d. Lost or missing medication,
   e. Other medication events determined to need action

FOLLOW-UP

Providers shall have method(s) to rectify problems in a quick and appropriate manner, including possible consultation with the person's physician or other medical professional. Methods shall include:

1. The person responsible for reporting
2. The timeframe for reporting any incident
3. The incidents, which are reportable to other necessary parties, such as the case manager, guardian, etc.
4. The responsible party who will review incidents for trends and quality improvement
5. The system used to track incidents and analyze how the incident happened, how it was rectified, and if other concerns are noted for further follow up.
    a. Analysis of these events is to be performed at least quarterly by the case manager and must include follow up of identified trends.

MEDICATION ERROR REPORTING

Medication Errors reported to the Division do not have to be reported to Protection & Advocacy Systems, Inc., Department of Family Services, or police unless the medication error is considered suspected abuse, neglect, self-neglect, and/or a crime, such as medication diversion pursuant to Chapter 45, Section 30.

All Medication errors that meet the Division's criteria shall be reported to the Division via the Critical Incident Reporting process within 24 hours. The Division shall review:

1. If the medication error is an incident that should be reviewed by other investigative parties for further follow up.
2. Provider follows up after the error to review that the action taken by the provider was appropriate in addressing and resolving the incident.
3. Trend analysis on reported errors.
4. If the provider needs to complete a Quality Improvement Plan within 15 days to address the concerns.

RETRAINING

Retraining shall be required at least every two (2) years. If an Approved Medication Assistant has a medication error, retraining may be required before the Approved Medication Assistant can assist with other medications. If the Division or the provider determines retraining is necessary, then retraining shall consist of:

1. An overview of the original curriculum.
2. Observation of medication assistance tasks by an approved medication assistant trainer or licensed medical professional.
3. Satisfactory completion of a competency-based test approved by the Division.

https://improv.health.wyo.gov/incidentreport.aspx

OFF-SITE USE DOCUMENTATION

When medications are given off-site by unapproved persons, for reasons such as home visits, special trips, etc., then a leave of absence needs to be documented on the MAR, with records verifying the medications were given to a "responsible party."

The most involved documentation during this process is for the transfer of medications. You will need to prepare the following in advance:

1. A completed and signed Medication Consent form for the receiving entity
2. An Itemized the list of medications, amounts, and information to be given to the receiving entity
3. Prepare and appropriate package the amount of medication needed for the duration

When transferring medications to the responsible party ensure that you give him/her the following:

1. A completed and signed Medication Consent form for the receiving entity.
2. An Itemized the list of medications, amounts, and information given to the receiving entity.
3. The entity's signature for receiving the specified medications, amount, and information.
4. The participant's MAR.
5. The provider contact information.

Once again, documenting on the MAR is fairly straight-forward and ideally should be done at the time the medication should be given and not ahead of time, in case of an early return.

1. Identify what medications should be taken at what time.
2. In the appropriate box mark "LOA", for Leave of Absence, or other standard abbreviation approved by your organization.
3. Your organization may require additional notes on the back of the MAR for off-site use.

Dose: **100 mg** Route: **mouth** Frequency: **1 tab 3 times daily**	**Phenytoin Sodium** Brand Name: **Dilantin** Physician: **Jones** Special Instructions: **avoid antacids at same time as dilantin**	7am	RJ	RJ	RJ				
		Noon	RJ	RJ	LOA				
		7pm	LK	LK					

If you notice medication was not given appropriately or as directed by the physician during the time the participant was off-site, you should follow the incident reporting procedures of your organization.

DEFINITIONS

ALLERGY A response to a foreign antigen that results in inflammation and organ dysfunction. Allergies range from life threatening to annoying.

ANALGESICS A drug that relieves pain.

ANTI-ANXIETY A category of medications that are used to treat anxiety disorders.

ANTIBIOTICS A category of medications that are used to kill or inhibit the growth of microorganisms.

ANTICONVULSANT A drug used to prevent or reduce the frequency of seizures.

ANTIDEPRESSANTS A category of medication that is used to treat depressive disorders.

ANTIGEN Any substance that causes a hypersensitivity reaction or abnormal immune response.

ANTIPSYCHOTIC A category of medications that are used to treat psychosis.

ANTIVIRAL A category of medications that are used to treat viral infections.

ANXIETY An uneasy feeling of discomfort or dread.

BEHAVIOR MODIFYING MEDICATION Any drug prescribed to manage an individual's behavior in a way that reduces the safety risk to the individual or others; is not prescribed in quantities that unnecessarily interfere with an individual's functional abilities; is considered standard treatment for the individual's medical or psychiatric condition but not prescribed solely for the diagnosis of mental retardation; and is used in conjunction with a comprehensive positive behavior support plan. Any drug used as a restraint is not allowed while the participant is in waiver services.

BLOOD PRESSURE The tension exerted on the walls of arteries by the strength of the contraction of the heart. Normal blood pressure is defined as a systolic blood pressure between 100 and 120 mm Hg and a diastolic blood pressure below 80 mm Hg.

BRAND NAME The specific name of a particular product (such as a drug) that can be used only by the company that registers that name.

CENTRAL NERVOUS SYSTEM The brain and the spinal column; the system that carries the impulses (messages) that allow the body to function.

DEPRESSION One of several mood disorders marked by loss of interest or pleasure in living.

DIABETES A general term for diseases marked by excessive urination, usually diabetes mellitus.

DIABETES MELLITUS A chronic metabolic disorder marked by abnormally high blood sugar levels. Diabetes mellitus results either from failure of the pancreas to produce insulin (type 1) or from insulin resistance, with inadequate insulin secretion to sustain normal metabolism (type 2).

DIVERSION Any illicit use of a prescribed substance for a purpose other than that which was intended by the prescriber.

FINGER STICK BLOOD GLUCOSE The level of circulating blood glucose as measured by glucometer analysis of a finger stick sample.

FUNCTIONAL CATEGORY A simplified grouping of medications based on the medications primary intended purpose.

GASTROINTESTINAL TRACT Pertaining to the entire digestive tract starting at the mouth and ending with the anus.

GENERIC NAME The name of the active ingredient in a drug.

GLUCOMETER A battery-operated device used to measure blood glucose from a few drops of blood obtained from the finger or ear lobe.

GLUCOSE A simple sugar that is the end product of carbohydrate digestion.

MEDICATION A drug prescribed by an authorized health care professional, both scheduled and PRN, as well as over the counter drugs, including herbal remedies, that are approved by the guardian.

MEDICATION ASSISTANT An unlicensed provider/staff that has successfully completed the required training and is approved to deliver medication assistance to waiver participants in accordance with the Division's Medication Assistance policy.

MEDICATION ASSISTANCE Help from a caregiver with tasks related to the administration or self-administration of medication as specified in the plan of care. Assistance may include physical assistance, package assistance, verbal prompts, visual monitoring, demonstration, storage, access, and documentation.

MEDICATION ASSISTANCE RECORD (MAR) The document used to provide evidence of medications being taken by a participant. Form contains the participant's name, allergies, medication name(s), dosage (including strength or concentration of the medication), administration route, special instructions, date and time of the medication assistance needed, and signature of the provider assisting with medications.

MEDICATION ASSISTANT Person who has successfully completed the training by the Division to assist participants with medication in accordance with the Division's requirements.

MEDICATION ASSISTANT TRAINER A registered nurse, licensed practical nurse, or person with experience and education requirements of a qualified mental retardation professional, who has successfully completed the Train-the-Trainer Approved Medication Assistance curriculum and is approved to train persons in the Approved Medication Assistance Training curriculum as specified by the Division.

MEDICATION CONSENT Written permission for a person or entity to help a participant with medications and be recognized as "friends" in accordance with the Wyoming Nursing Practice Act, Title 22, Chapter 21, 33-21-154.

MEDICATION ERRORS Any occurrence of the following:

- ✓ Wrong medication
- ✓ Wrong dosage
- ✓ Wrong participant
- ✓ Wrong route
- ✓ Wrong Time – Deviation from accepted standard time frame
- ✓ Missed Medication

MEDICATION REGIMEN A systematic medication plan designed to improve and maintain the health of a participant.

MOOD DISORDERS Any mental disorder that has a disturbance of mood as the predominant feature.

MOOD STABILIZERS A category of medications that are used to treat mood disorders.

NARCOTIC A drug that depresses the central nervous system thus relieving pain and producing sleep.

PSYCHOSIS A mental disorder in which there is a severe loss of contact with reality, evidenced by delusions, hallucinations, disorganized speech patterns, and bizarre behavior.

PRN A Latin phrase meaning *"Pro re nata"*. A term commonly used in medicine to mean "as needed" or "as the situation arises," referring to the dosage of medication that is not scheduled; instead administration is left to the caregiver or the participant's prerogative. PRN administration must follow the participant's plan of care, follow the policies and procedures of the provider who is providing services at the time of usage, and meet the state requirements for PRN usage, monitoring and documentation.

PROTOCOL (MEDICAL) Medical guidelines for a medical treatment, including a treatment plan, procedures to follow, and summarizes practical issues regarding the protocol requirements.

PULSE Throbbing caused by the regular contraction and alternate expansion of an artery as the wave of blood passes through the vessel; the periodic thrust felt over arteries in time with the heartbeat. The normal resting heartbeat in an adult is between 60 and 100 beats per minute.

SEIZURE Uncontrolled bursts of neural activity that temporarily disrupt body functioning.

SEIZURE DISORDER A condition in which a person may continue to have seizures throughout her/his life (unless controlled by anticonvulsants), and which is caused by some known or unknown physical cause.

SELF-ADMINISTER To manage or dispense one's own medication to oneself.

SIDE EFFECT An unintended effect of a drug.

STANDARD MEDICATION ASSISTANCE TIMEFRAME Acceptable timeframe to deliver a scheduled medication dosage is one hour before or after the scheduled time of medication assistance or as prescribed due to special circumstances, such as mealtimes.

SUPERVISE To critically watch and direct a client in the self-administration of medication.

THERAPEUTIC EFFECT An effect of a medication that is desired.

TOXIC SIDE EFFECT An unintended drug effect, which results from an excessive dosage.

RESOURCES

- ✓ YOUR LOCAL PHARMACY
- ✓ LOCAL PUBLIC HEALTH NURSES
- ✓ THE PARTICIPANT'S PRIMARY PHYSICIAN
- ✓ CHECK HELPFUL WEBSITES:

http://www.rxassist.org/

http://www.webmd.com/drugs/

http://www.rxlist.com/

http://www.drugs.com/

http://www.nimh.nih.gov/health/publications/mental-health-medications/complete-index.shtml

http://www.MedicineNet.com/

FORM

TEMPLATES

MEDICATION INCIDENT REPORT

Participant name: _____

Program/facility where incident or error occurred:_____

Date and time of incident or error: _____

Date and time incident or error was discovered:_____

Staff who made error: _____

Staff involved in incident: _____

Person reporting incident or error (name and title): _____

Type of Medication Error (please mark all that apply): *=*Reportable to the Division*

Wrong medication*

Wrong dosage*

Wrong participant*

Wrong route*

Wrong time* (specify time given) _____ Correct time: _____

Other Medication Incident:

Medication not given (specify reason) _____

Medication refused (specify reason) _____

Medication not available (specify reason) _____

Medication inadvertently rendered unusable:_____

Other (specify) _____

How could this incident or error have been prevented?

_____

How was this incident or error corrected?

_____

_____

How was participant impacted by this incident or error?

_____

Person(s) contacted name & title (mark all that apply):

Registered nurse or LPN: _____

Pharmacist: _____

Hospital/personal physician: _____

Parent/Guardian: _____

Provider Program Manager: _____

Staff or On-call supervisor: _____

Director/CEO: _____

Case Manager: _____

Developmental Disabilities Division (specify): _____

Other: _____

Describe Medication Incident resolution:

_____

_____

Follow up needed:

_____

_____

MEDICATION CONSENT FORM

Participant Name:_____ **Plan Date:**_____

Legal Representative Name: _____

Prescribing Physician(s), if prescription: _____

Consent Agreement: The undersigned, in accordance with Wyoming Statute 33-21-154 hereby recognize that the provider organization(s) listed herein and staff of the provider organization(s), who shall be qualified persons as recognized by the Developmental Disabilities Division, are known as designated "friends" and hereby authorize these "friends" to assist me (or my ward) with medication and medical protocols during the following dates: _____ to _____. (Consent not valid over one year).

Name of Waiver Provider Organization(s) who have permission to assist:

_____ _____

_____ _____

Waiver providers, who assist with medications, must do so in accordance with the Developmental Disabilities Division's standards for Medication Assistance. While I understand that every effort will be made to comply with the exact instructions from the physician and Division standards, I release the provider(s) listed and their personnel from liability, direct and indirect, which may result or accrue by reason of assistance of such medication, the failure to assist with it, or the improper assistance thereof.

I have read and understand this authorization, dated this _____ day of _____, 20__.

_____

(Participant or Legal Representative Signature)

This consent will expire:

_____

(Specification of the date, event, or condition upon which consent expires)

Special Instructions (If Any):

_____

_____

REVOCATION SECTION

This consent is being revoked with my permission for the following provider(s):

_____

_____

_____

_____

Participant/Guardian Signature Date

MEDICATION ASSISTANCE RECORD for ______________________

Participant Full Name

Month/Year: ____________ Allergies: ______________________________ Pharmacy/Phone Number______________________

	Generic Name:	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dose:	Brand Name:																																
Route:	Physician:																																
Frequency:	Special Instructions:																																

	Generic Name:	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dose:	Brand Name:																																
Route:	Physician:																																
Frequency:	Special Instructions:																																

	Generic Name:	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dose:	Brand Name:																																
Route:	Physician:																																
Frequency:	Special Instructions:																																

Instructions:

CODES	Initial	Signature	Initial	Signature

Participant Name: _____ Month/Year: _____

Notes regarding refusals, missed meds, or other concerns: (Initial & Date each comment)
Mark * if additional notes are attached

PRN Medication Instructions:

1. Fill out the date, hour, medication, and dosage of the PRN given.
2. List the reason it was given.
3. List results or the response from giving the PRN, the hour of follow up, and Initial it. Affix signature and initial on bottom of form.
4. Offer additional notes or concern in the comments section.

PRN Usage and Follow-up

Date/Hour	Medication/Dosage	Reason	Result/Response	Hour/Initials

Comments:

Initial	Signature	Initial	Signature